



DEPARTMENT OF CORRECTIONS VICTIM NOTIFICATION FORM

As a *victim of crime*, you have the right to be notified of the offender's transfer from one prison to another within the Department of Corrections, escape from a prison and recapture, release, including work release, or discharge from prison, and name change of the offender, while in the Department's custody. In order to be notified by the Department of Corrections of these changes in offender status, you must complete this form and return it to:

*Virginia Department of Corrections, Victim Services Unit,
6900 Atmore Drive, Richmond VA 23225*

Please be advised that if the offender is in custody in a local jail, you must contact the jail directly for notification.

(PLEASE PRINT)

Name of Offender (full name) _____
Department of Corrections Offender Number (if known) _____
-OR- Offender's Date of Birth _____
Convicting Court (Locality) _____
Current Prison/Jail Location (if known) _____
Date of Sentencing _____
Length of Sentence _____
Date Crime was Committed _____
Offense Committed Against You _____

I am the victim in this case and I wish to be informed of the changes in offender status listed above. I understand that it is my responsibility to always inform the Department of Corrections of any change of address and change in telephone number as soon as possible **and in writing.**

Signature _____ **Date** _____

Your name: _____

Street Address: _____

City, State, Zip _____

Telephone (work) () _____ (home) () _____

We know this information is important to you and we will process this form as soon as possible. If you have not received information from the Victim Services Unit after 30 days, please contact our office to ensure that we have received your form. Also, if you have any questions, please contact us at:

***Virginia Department of Corrections, Victim Services Unit, 6900 Atmore Drive,
Richmond, VA 23225 (800) 560-4292 FAX (804) 674-3054***

REC'D _____ OFFICE USE ONLY
FAXED _____ LOC _____ MAILED _____ ID _____